

## **Shays Statement on 9/11 health concerns-**

Mr. Chairman, I am grateful you are holding this hearing to improve the monitoring and treatment for individuals who were exposed to the toxins at Ground Zero on September 11, 2001 and in the resulting clean up.

During the last Congress, as Chairman of the Subcommittee on National Security, Emerging Threats and International Relations, I held four oversight hearings on the federally-funded medical monitoring and registry programs that were established following the September 11 terrorist attacks. The witnesses' testimony to the Subcommittee clearly demonstrated the significant health challenges faced by Ground Zero responders, as well as the need for their continued health monitoring.

Five years after the cataclysmic attacks on the World Trade Center, shock waves still emanate from Ground Zero. Diverse and delayed health problems continue to emerge in those exposed to the contaminants and psychological stressors unleashed on September 11, 2001.

Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders as well as volunteers came to Ground Zero knowing there would be risks, but confident their community would sustain them.

Make no mistake, these individuals did not just go to work on that day, they went to war. However, as we will hear today, federal, state and local health support has not provided the care and comfort they need and rightfully deserve.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposure to subsequent, chronic ill-health. In part due to work by my Subcommittee, long term health registrants were improved, an aggressive research was agenda pursued and sick veterans now have the benefit, in law, of presumption that wartime exposures cause certain illnesses

When the front line is not Baghdad, but Lower Manhattan, occupational medicine and public health practitioners still have much to learn from that distant Middle East battlefield.

Proper diagnosis, effective treatment and fair compensation for the delayed casualties of a toxic attack require vigilance, patience and a willingness to admit what we do not yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained and new treatment approaches have to be tried to restore damaged lives before it is too late.

Today it appears the public health approach to lingering environmental hazards remains unfocused and halting. The unquestionable need for long term monitoring has been met with only short term commitments. Screening and monitoring results have not been translated into timely protocols that could be used by a broader range of treating physicians. Valuable data sets compiled by competing programs may atrophy as money and vigilance driving 9/11 health research wane.

Our nation's first responders respond to national disasters regardless of what unseen dangers and health hazards await, and without concern for their own personal safety. They will not hesitate to protect the public from harm, and neither should we hesitate to protect their health and well-being.